	PAIEN	Effec	tive Octob	er 1, 20	IINATI 101	ION REC	ORD	1	10-	0	19,7	Us	
CLAIMS AS FILED - PART (Column 2)									SMALL ENTITY			OTHER THAN	
TOTAL CLAIMS								RATE	/ 	OR 7		ENTITY	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	FE5.	ŧ	RATE BASIC FEE	FEE	
TOTAL CHARGEABLE CLAIMS			/7 minus 20=				ł			IOR		740.00	
INDEPENDENT CLAIMS			/a minus 3 s		• 3		ł	X\$ 9=		OR	X\$18=		
_		NDENT CLAIM P		103 5 5	-			X42=	126	OR	X84=		
								+140=		OR	+280=		
• If the difference in column 1 is less than zero, enter "O						oolumn 2	•	TOTAL	571	ОЯ	TOTAL		
9/9/5 CLAIMS AS AMENDED - PART II (Cotumn 1) (Cotumn 2						(Column 3)		SMALL	ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
<u>N</u>	Total .	25	Minus	- /	/	- 9		X\$ 9=		oa	X\$18=	ク2つ	
AM	Independent	1. D	Minus	***	,	= 0]	X42=			X84=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							J			OR		·	
	11:	•					L	+140=.		OR	+280 =		
1	118/6	2 10-1						TOTAL DOTT. FEE		OR	TÖTAL ADDIT, FEE		
<u></u>		(Column 1) CLAIMS	\$2484747472	(Cotun		(Column 3)	1 -						
AMENDMENT B		REMAINING AFTER AMENOMENT		PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		PATE,	ADDI- TIONAL EEE.	
	Total	2	Minus	2	2_	- 2	Н	X\$ 9=		OR	X\$18=	[[]]	
	Independent	RST PRESENTATION OF MULT		Minus 44 2		0		X42=		OR	X84=		
	, wo , r neoc	SALVION OF ME	CHIPLE DEP	ENDENT	CLAIM		J	+140=		OR	+280=		
					- 1		Ar	TOTAL DOIL FEE		OR	TOTAL		
		(Column 1)		(Colum		(Column 3)				•	ADDII. FEEL		
AMENDMENT C		CLAIMS REMAINING AFTER AMENOMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA	T	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
	Total	*	Minus	**	•	-	1	X\$ 9=	1,55		Vera	FEE	
	Independent	•	Minus'	***		•	1 -		 -	OR	X\$18=	·	
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	X42= '		OR	X84=		
	ithe entry in code	mn 1 is lace than a	e entry in est-		900 to			+140=		OR	+280=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **Uthe "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **OPTIME TOTAL OR ADDIT. FEE										TOTAL ODIT, FEE			
	The "Highest Num	ber Previously Pai	d For (Total or	independe	n() is the	n 3, eraer "3." highest numbe			ropriate box	in con	umn 1.		

Application or Docket Number

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